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CONFIRMATION NO. 1427

<b>SERIAL NUMBER</b> 10/651,992	<b>FILING OR 371(c) DATE</b> 09/02/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> BSX-214.1CON
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**APPLICANTS**

John E. Hutchins, Residence Not Provided;  
Mark L. Adams, Residence Not Provided;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/928,655 08/14/2001 PAT 6,676,659 which claims benefit of 60/244,981 11/01/2000 \*  
(\*Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

11/20/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b>	<b>SHEETS DRAWING</b> 17	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>MM</u>				

**ADDRESS**

Steven M. War  
Fulbright & Jaworski L.L.P.  
801 Pennsylvania Avenue, N.W.  
Washington, DC20004-2623

**TITLE**

Steerable sphincterotome and methods for cannulation, papillotomy and sphincterotomy

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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